

# ORIGINAL VEHICLE DEALER LICENSE APPLICATION

## DEPARTMENT USE ONLY

License Number	
Approved by	Date
Plates	
Plates	

## READ THE INSTRUCTION BOOKLET BEFORE COMPLETING THIS FORM

1. **BUSINESS NAME** (Include any assumed names or corporation names)

2. **BUSINESS LOCATION** - NOTE: RR or PO Box numbers alone will not be accepted. The actual location must be identified.  
(Street) (City) (County) (Zip)

3. **BUSINESS TELEPHONE**

Telephone ( ) Fax ( ) E-Mail Address:

4. **BUSINESS TYPE** (Check only one)

☐ Individual Owner (one person or husband and wife) ☐ Partnership (two or more persons or husband and wife) ☐ Corporation ☐ Limited Liability Company

5. **LICENSE CLASSIFICATIONS** (Check appropriate box or boxes)

☐ CLASS A - New Vehicle Dealer ☐ CLASS E - Distressed Vehicle Transporter  
☐ CLASS B - Used Vehicle Dealer ☐ CLASS F - Vehicle Scrap Metal Processor  
Type of scrap processing to be used: \_\_\_\_\_  
☐ CLASS C - Used Vehicle Parts Dealer ☐ CLASS G - Vehicle Salvage Pool  
☐ CLASS D - Broker (Not compatible with Classes A or B) ☐ CLASS R - Automotive Recycler  
Class E, F, and G applicants must include zoning approval. See "Zoning" and Item 5 in the Instruction Booklet.

6. **CONTRACT OR FRANCHISE AGREEMENT** (Class A only)

7. **SECRETARY OF STATE BRANCH OFFICE DESIGNATION** (All classifications except Class F)

BRANCH NAME STREET ADDRESS CITY

BRANCH NAME STREET ADDRESS CITY

BRANCH NAME STREET ADDRESS CITY

8. **BUSINESS DAYS AND HOURS**

9. **OWNERS, PARTNERS, CORPORATE OFFICERS, AND DIRECTORS**

FULL NAME HOME ADDRESS (Street) (City/State/Zip) HOME TELEPHONE BIRTHDATE

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**10. SERVICING FACILITY REQUIREMENT** (Classes A and B only)

- ☐ A completed Motor Vehicle Repair Facility Registration Application is enclosed.
- ☐ This business is currently a registered repair facility. REGISTRATION NUMBER: \_\_\_\_\_.
- ☐ This business has an agreement with a registered repair facility, a copy of which is enclosed.

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**11. LOT DESCRIPTION** (Include a sketch)

Is this business location presently occupied by another licensed vehicle dealer?

☐ NO ☐ YES If YES, give dealer number and name: \_\_\_\_\_

Greatest number of vehicles you expect to have on hand at one time: \_\_\_\_\_

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**12. DEALER PLATES AND FLEET INSURANCE** (Classes A and B only)

If desired, you may request graphic (Great Lakes Splendor) dealer plates at an additional cost of \$5.00 per plate.

	Non-graphic (blue)	Graphic (Splendor)
Number of REGULAR DEALER PLATES requested	_____	_____
Number of MOTORCYCLE DEALER PLATES requested	_____	_____
Total number of all DEALER PLATES requested	_____	

Attach a copy of your fleet insurance certificate. See Instruction Booklet, Item 12.

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**13. FEES**

A. License fee - All classes except C and R	\$10.00 (\$5.00 from July 1 to December 31)	\$ _____
		OR
B. License fee - Class C and Class R	\$100.00 (\$50.00 from July 1 to December 31)	\$ _____
C. Dealer plate fees (Class A and Class B only)	\$30.00 for the required 2 plates	\$ _____
	\$15.00 for the third plate	\$ _____
	\$8.00 for each additional plate	\$ _____
D. Number of graphic dealer plates requested _____	X \$5.00 each	\$ _____
E. Fingerprint processing fees	\$54.00 for each applicant listed in Item 9	\$ _____
F. TOTAL FEES (A or B plus C and D and E above)		\$ _____

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**14. WORKERS' COMPENSATION INSURANCE** (Classes C and R only)

Check the appropriate box:

**INDIVIDUAL OWNERSHIP:**

☐ I/we are not required to have workers' compensation insurance

**PARTNERSHIP, CORPORATION OR LLC:**

☐ Attached is form MDL337, Notice of Exclusion. (To determine your eligibility for a form MDL337, contact the Michigan Department of Consumer and Industry Services at 517/322-1195.)

☐ Attached is a copy of a workers' compensation insurance certificate.

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**15. APPLICANT HISTORY**

- A. Have any of the applicants listed in Item 9 been refused the issuance of a vehicle dealer, salvage dealer, salvage vehicle agent, or broker license or had a vehicle dealer, salvage dealer, salvage vehicle agent, or broker license revoked or suspended in Michigan or any other state?

☐ NO ☐ YES If YES, give the name(s) of the applicant(s) involved and complete details on a separate sheet.

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- B. Is any applicant listed in Item 9 related by birth or marriage to any currently or previously licensed Michigan vehicle dealer, broker, or salvage vehicle agent or was any applicant listed in Item 9 employed by or an agent for any dealer in Michigan or any other state within the past 5 years?

☐ NO ☐ YES If YES, give the name(s) of the applicant(s) and complete details on a separate sheet. Include dealer license number(s), if known.

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- C. Have any of the applicants listed in Item 9 been arrested or convicted of a crime other than traffic violations within the past ten years?

☐ NO ☐ YES If YES, give the name(s) of the applicant(s) and complete details on a separate sheet. Include the arresting police agency, court of jurisdiction, and case number, if known.

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- D. For each applicant listed in Item 9, list names, addresses, and telephone numbers of employers **for the past 5 years** other than the dealers listed above. Also, include the job title and dates of employment for each applicant. If an applicant was self employed, list names and addresses of businesses and type of business. If unemployed, list name, "UNEMPLOYED", and dates of unemployment. Use a separate sheet, if necessary.

<u>APPLICANT #1:</u>		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
<u>APPLICANT #2:</u>		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
<u>APPLICANT #3:</u>		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
<u>APPLICANT #4:</u>		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO

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**16. SIGNATURES AND CERTIFICATIONS** (Each applicant listed in Item 9 must sign)

**CAUTION: ANY MISLEADING, INCOMPLETE, OR FALSE STATEMENT MAY BE GROUNDS FOR DENIAL OF THIS APPLICATION OR SUSPENSION OR REVOCATION OF THE LICENSE ISSUED.**

I/we hereby grant the licensing authority in any state or jurisdiction listed in this application authority to release information concerning any previous license applications, licensing history, and disciplinary actions or sanctions to the Secretary of State or his/her deputies.

I/we hereby grant any employers named in this application authority to release information concerning my/our employment history to the Secretary of State or his/her deputies.

I/we hereby certify that the business named in this application maintains, and will maintain once a license is issued, an established place of business. An established place of business means the place actually occupied either continuously or at regular periods where books and records are kept and a large share of business is transacted.

I/we hereby certify that the business named in this application maintains, and will maintain once a license is issued, records as required by law, which may include a police book and vehicle parts purchase and sales records.

I/we stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her deputies shall have the same effect as if personally served on me/us. I/we agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

I/we hereby certify that this business is in compliance with all local ordinances, including zoning.

I/we hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this license.

If granted a Class A or Class B vehicle dealer license, I/we certify that I/we have and will maintain security for payment of benefits under personal protection insurance, property protection insurance, and residual liability insurance as required by Public Act 294 of 1972 (no-fault insurance) for as long as this license is in effect.

If granted a Class A, Class B, or Class D vehicle dealer license, I/we certify that I/we have and shall maintain a surety bond in the amount of \$10,000 (ten thousand dollars) for as long as this license is in effect.

I/we, the applicants named herein, hereby certify that the statements contained in this application are true to the best of my/our knowledge and belief.

Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date

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## CHECKLIST

Be sure to include the following items, if applicable:

1. Copy of the business creation document or assumed name filing as specified in Item 4 of the instruction booklet.
2. Fingerprint cards prepared by an official police agency and completed as specified in the instruction booklet.
3. Franchise agreement(s).
4. Detailed sketch of business location including major cross streets, building, office, and inventory storage space.
5. Certificate of insurance for workers' compensation insurance or a notice of exclusion form.
6. Repair facility registration application or an agreement with a registered repair facility.
7. Certificate of insurance for fleet-type Michigan no-fault insurance.
8. Check or money order payable to STATE OF MICHIGAN for the license fee, plate fees, and fingerprint processing fees.
9. A completed vehicle dealer surety bond, if appropriate. Instructions for completing the bond are on the back of the bond form.
10. A completed zoning approval form for Class E, Class F, and Class G applicants.

**ALLOW AT LEAST 30 DAYS FOR PROCESSING**